

		FOR BHF USE					

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<div><div>I. IDPH Facility ID Number: 0026237</div><div>Facility Name: Glenview Terrace Nursing Ctr</div><div>Address: 1511 Greenwood Road Glenview 60025</div><div>County: Cook</div><div>Telephone Number: (847) 729-9090 Fax #: (847) 729-9135</div><div>HFS ID Number: 362846112001</div><div>Date of Initial License for Current Owners: 11/01/75</div><div>Type of Ownership:</div><div><div><div><div></div><div>VOLUNTARY,NON-PROFIT</div><div></div><div>Charitable Corp.</div><div></div><div>Trust</div><div>IRS Exemption Code</div></div><div><div><div>X</div><div>PROPRIETARY</div><div></div><div>Individual</div><div>X</div><div>Partnership</div><div></div><div>Corporation</div><div></div><div>"Sub-S" Corp.</div><div></div><div>Limited Liability Co.</div><div></div><div>Trust</div><div></div><div>Other</div></div><div><div></div><div>GOVERNMENTAL</div><div></div><div>State</div><div></div><div>County</div><div></div><div>Other</div></div></div></div></div><div><div>In the event there are further questions about this report, please contact:</div><div>Name: Steve Lavenda Telephone Number: (847) 236 - 1111</div></div></div>	<div><div>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</div><div>I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</div><div>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</div><div><div>Officer or Administrator of Provider</div><div>(Signed)</div><div>(Type or Print Name)</div><div>(Title)</div></div><div><div>Paid Preparer</div><div>(Signed)</div><div>(Print Name and Title) Noshir R. Daruwalla, C.P.A.</div><div>(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</div><div>(Telephone) (847) 236-1111 Fax # (847) 236-1155</div><div>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</div></div></div>
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr

0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds 04/19/2005

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>305</u>	Skilled (SNF)	<u>307</u>	<u>111,839</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>305</u>	TOTALS	<u>307</u>	<u>111,839</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>27,672</u>	<u>23,035</u>	<u>19,626</u>	<u>70,333</u>	8
9	SNF/PED					9
10	ICF	<u>31,814</u>	<u>3,381</u>	<u>365</u>	<u>35,560</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>59,486</u>	<u>26,416</u>	<u>19,991</u>	<u>105,893</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 94.68%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 12/01/75

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 307 and days of care provided 16,317

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	576,276	98,409	8,300	682,985		682,985	5,232	688,217			1
2	Food Purchase		572,379		572,379	(88,768)	483,611	(4,171)	479,440			2
3	Housekeeping	522,180	86,065		608,245		608,245	14,732	622,977			3
4	Laundry	218,854	42,909		261,763		261,763		261,763			4
5	Heat and Other Utilities			337,283	337,283		337,283	4,820	342,103			5
6	Maintenance	165,768	69,331	174,176	409,275		409,275	(1,396)	407,879			6
7	Other (specify):*											7
8	TOTAL General Services	1,483,078	869,093	519,759	2,871,930	(88,768)	2,783,162	19,217	2,802,379			8
	B. Health Care and Programs											
9	Medical Director			91,000	91,000		91,000		91,000			9
10	Nursing and Medical Records	6,428,152	210,692	46,722	6,685,566		6,685,566	(3,692)	6,681,874			10
10a	Therapy	696,799			696,799		696,799		696,799			10a
11	Activities	153,894	29,722	4,250	187,866		187,866		187,866			11
12	Social Services	322,261		2,400	324,661		324,661		324,661			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	7,601,106	240,414	144,372	7,985,892		7,985,892	(3,692)	7,982,200			16
	C. General Administration											
17	Administrative	208,993		126,032	335,025		335,025	23,057	358,082			17
18	Directors Fees											18
19	Professional Services			533,132	533,132	(9,280)	523,852	(357,865)	165,987			19
20	Dues, Fees, Subscriptions & Promotions			231,609	231,609		231,609	(147,420)	84,189			20
21	Clerical & General Office Expenses	397,255	9,107	411,968	818,330		818,330	(143,991)	674,339			21
22	Employee Benefits & Payroll Taxes			1,594,118	1,594,118	88,768	1,682,886	(91,568)	1,591,318			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,590	8,590		8,590	2,430	11,020			24
25	Other Admin. Staff Transportation			1,248	1,248		1,248		1,248			25
26	Insurance-Prop.Liab.Malpractice			481,197	481,197		481,197	1,189	482,386			26
27	Other (specify):*							85,071	85,071			27
28	TOTAL General Administration	606,248	9,107	3,387,894	4,003,249	79,488	4,082,737	(629,097)	3,453,640			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,690,432	1,118,614	4,052,025	14,861,071	(9,280)	14,851,791	(613,572)	14,238,219			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Glenview Terrace Nursing Ctr #0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			161,915	161,915		161,915	1,163,217	1,325,132			30
31	Amortization of Pre-Op. & Org.							218	218			31
32	Interest			402,306	402,306		402,306	699,869	1,102,175			32
33	Real Estate Taxes			15,261	15,261	9,280	24,541	481,006	505,547			33
34	Rent-Facility & Grounds			2,160,000	2,160,000		2,160,000	(2,160,000)				34
35	Rent-Equipment & Vehicles			28,001	28,001		28,001	(2,806)	25,195			35
36	Other (specify):*			4,688	4,688		4,688	118,259	122,947			36
37	TOTAL Ownership			2,772,171	2,772,171	9,280	2,781,451	299,763	3,081,214			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	677,495	1,110,732		1,788,227		1,788,227		1,788,227			39
40	Barber and Beauty Shops	5,116			5,116		5,116		5,116			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			167,759	167,759		167,759		167,759			42
43	Other (specify):*	140,778		14,635	155,413		155,413	(155,413)				43
44	TOTAL Special Cost Centers	823,389	1,110,732	182,394	2,116,515		2,116,515	(155,413)	1,961,102			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	10,513,821	2,229,346	7,006,590	19,749,757		19,749,757	(469,222)	19,280,535			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,750)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	259,656	30		9
10	Interest and Other Investment Income	(358,482)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,421)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,185)	21		18
19	Entertainment				19
20	Contributions	(11,741)	20		20
21	Owner or Key-Man Insurance	(91,568)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(244,980)	21		24
25	Fund Raising, Advertising and Promotional	(63,952)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(598,445)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,115,868)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	646,646		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 646,646		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (469,222)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

OHF USE ONLY							
48		49		50		51	

STATE OF ILLINOIS			Page 5A
Glenview Terrace Nursing Ctr			
ID# 0026237			
Report Period Beginning:	01/01/05		
Ending:	12/31/05		
			Sch. V Line
NON-ALLOWABLE EXPENSES			
	Amount	Reference	
1 Settlement	\$ (37,092)	21	1
2 Payroll - Drivers	(41,318)	43	2
3 Veterans - miscellaneous	(129)	10	3
4 Bank Charges	(1,332)	21	4
5 Public Relations	(74,214)	20	5
6 Credit Card Fees	(28,510)	21	6
7 Veterans - Pharmacy	(3,563)	10	7
8 Non-Allowable Expense	(80,830)	21	8
9 Out of State Seminar	(150)	24	9
10 Capitalized R & M	(8,896)	06	10
11 Prior Year Legal	(2,947)	19	11
12 Marketing Salary	(99,466)	43	12
13 COPE Adjustment	(1,251)	20	13
14 Admin Consultant	(4,800)	19	14
15 Accounting Fees - Bldg. Co.	(1,697)	19	15
16 Non-Allowable Interest	(173,466)	35	16
17 Non-Allowable Auto Lease	(7,527)	35	17
18 Miscellaneous Income	(641)	21	18
19 Non-Allowable Other	(14,635)	43	19
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101 Total	(598,448)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary				5,232								5,232	1
2	Food Purchase	(4,171)											(4,171)	2
3	Housekeeping				14,732								14,732	3
4	Laundry													4
5	Heat and Other Utilities				4,820								4,820	5
6	Maintenance	(8,896)			7,500								(1,396)	6
7	Other (specify):*													7
8	TOTAL General Services	(13,067)			32,284								19,217	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(3,692)											(3,692)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(3,692)											(3,692)	16
	C. General Administration													
17	Administrative			(13,794)		(3,565)	52,083	(11,667)					23,057	17
18	Directors Fees													18
19	Professional Services	(25,444)	17,697	1,989	(354,509)	546	1,814	42					(357,865)	19
20	Fees, Subscriptions & Promotions	(151,155)		939	2,791			5					(147,420)	20
21	Clerical & General Office Expenses	(395,560)		6,460	244,046	1,049		14					(143,991)	21
22	Employee Benefits & Payroll Taxes	(91,568)											(91,568)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(150)		632	1,948								2,430	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice				1,189								1,189	26
27	Other (specify):*			14,114	66,554	988	3,351	64					85,071	27
28	TOTAL General Administration	(663,877)	17,697	10,340	(37,981)	(982)	57,248	(11,542)					(629,097)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(680,636)	17,697	10,340	(5,697)	(982)	57,248	(11,542)					(613,572)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	259,656	888,149		15,405			7					1,163,217	30
31	Amortization of Pre-Op. & Org.				218								218	31
32	Interest	(531,948)	1,204,904		26,913								699,869	32
33	Real Estate Taxes		469,726		11,280								481,006	33
34	Rent-Facility & Grounds		(2,160,000)										(2,160,000)	34
35	Rent-Equipment & Vehicles	(7,527)			4,721								(2,806)	35
36	Other (specify):*		118,259										118,259	36
37	TOTAL Ownership	(279,819)	521,038		58,537			7					299,763	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(155,413)											(155,413)	43
44	TOTAL Special Cost Centers	(155,413)											(155,413)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,115,868)	538,735	10,340	52,840	(982)	57,248	(11,535)					(469,222)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Glenview Terrace Property LLC		Building Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	\$ 2,160,000	Glenview Terrace Property LLC	100.00%	\$	\$ (2,160,000)	1
2	V	32	Interest Income	3,028	Glenview Terrace Property LLC	100.00%		(3,028)	2
3	V	19	Accounting Fees		Glenview Terrace Property LLC	100.00%	17,697	17,697	3
4	V	32	Mortgage Interest		Glenview Terrace Property LLC	100.00%	1,142,007	1,142,007	4
5	V	33	Real Estate Taxes		Glenview Terrace Property LLC	100.00%	469,726	469,726	5
6	V	36	MIP Insurance		Glenview Terrace Property LLC	100.00%	103,356	103,356	6
7	V	30	Depreciation		Glenview Terrace Property LLC	100.00%	888,149	888,149	7
8	V	32	Interest Expense		Glenview Terrace Property LLC	100.00%	65,925	65,925	8
9	V	36	Loan Amortization Costs		Glenview Terrace Property LLC	100.00%	14,903	14,903	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 2,163,028			\$ 2,701,763	\$ * 538,735	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 69,738	\$ 69,738	15
16	V	19	PROFESSIONAL FEES				1,989	1,989	16
17	V	20	FEES, SUBSCRIPTIONS				939	939	17
18	V	21	CLERICAL AND GENERAL				6,460	6,460	18
19	V	24	SEMINARS				632	632	19
20	V	27	GEN ADMIN.- EMP. BEN.				14,114	14,114	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	83,532				(83,532)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 83,532			\$ 93,872	\$ * 10,340	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY	\$	ITEX / AK CARE COMPANY	100.00%	\$ 5,232	\$ 5,232	15
16	V	3	HOUSEKEEPING				14,732	14,732	16
17	V	5	UTILITIES				4,820	4,820	17
18	V	6	REPAIRS AND MAINT.				7,500	7,500	18
19	V	19	PROFESSIONAL FEES	363,550			9,041	(354,509)	19
20	V	20	FEES, SUBSCRIPTIONS				2,791	2,791	20
21	V	21	CLERICAL AND GENERAL				30,011	30,011	21
22	V	24	EDUCATION/SEMINARS				1,948	1,948	22
23	V	26	INSURANCE				1,189	1,189	23
24	V	27	EMPLOYEE BENEFITS				2,303	2,303	24
25	V	30	DEPRECIATION				15,405	15,405	25
26	V	31	AMORTIZATION				218	218	26
27	V	32	INTEREST				26,913	26,913	27
28	V	33	REAL ESTATE TAXES				11,280	11,280	28
29	V	35	EQUIPMENT RENTAL				4,721	4,721	29
30	V								30
31	V								31
32	V	21	CLERICAL SALARIES				214,035	214,035	32
33	V	27	GEN ADMIN. - EMP. BEN.				64,251	64,251	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 363,550			\$ 416,390	\$ * 52,840	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 8,935	\$ 8,935	15
16	V	19	PROFESSIONAL FEES				546	546	16
17	V	21	OFFICE				1,049	1,049	17
18	V	27	PAYROLL TAXES				988	988	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V	17	MANAGEMENT FEES	12,500				(12,500)	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 12,500			\$ 11,518	\$ * (982)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	BERNIE HOLLANDER-SAL.	\$	SHAYMARK MANAGEMENT CORP.	100.00%	\$ 64,583	\$ 64,583	15
16	V	19	PROFESSIONAL FEES				1,814	1,814	16
17	V	27	PAYROLL TAXES				3,351	3,351	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V	17	MANAGEMENT FEES	12,500				(12,500)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 12,500			\$ 69,748	\$ * 57,248	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	\$	INTERCARE, LTD. C/O MANAGCARE	100.00%	\$ 833	\$ 833	15
16	V	19	PROFESSIONAL FEES		INTERCARE, LTD. C/O MANAGCARE	100.00%	42	42	16
17	V	20	FEES, SUBSCRIPTIONS		INTERCARE, LTD. C/O MANAGCARE	100.00%	5	5	17
18	V	21	CLERICAL & GENERAL		INTERCARE, LTD. C/O MANAGCARE	100.00%	14	14	18
19	V	27	EMPLOYEE BENEFITS		INTERCARE, LTD. C/O MANAGCARE	100.00%	64	64	19
20	V	30	DEPRECIATION		INTERCARE, LTD. C/O MANAGCARE	100.00%	7	7	20
21	V								21
22	V	17	MANAGEMENT FEES	12,500	INTERCARE, LTD. C/O MANAGCARE	100.00%		(12,500)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 12,500			\$ 965	\$ * (11,535)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jack Rajchenbach	Owner	Administrative	9.80%	See Attached	6.00	9.23%	JLR	\$ 8,935	17-7	1
2	Bernard Hollander	Owner	Administrative	18.06%	See Attached	20.00	30.77%	Shaymark	64,583	17-7	2
3	Mark Hollander	Relative	Administrative	0.00%	See Attached	17.00	28.33%	Sal, Mgmt Fee	46,000	17-1, 17-3	3
4	Yosef Davis	Owner	Administrative	9.80%	See Attached	1.00	1.67%	Intercare	833	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 120,351		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1					\$	\$			1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization CAREPATH HEALTH NETWORK
Street Address 6633 N LINCOLN AVENUE
City / State / Zip Code LINCOLNWOOD, IL 60712
Phone Number (888) 707-6700
Fax Number (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	305,641	9	\$ 253,650	\$ 253,650	84,032	\$ 69,738	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	305,641	9	7,234		84,032	1,989	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	305,641	9	3,415		84,032	939	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	305,641	9	23,496		84,032	6,460	4
5	24	SEMINARS	CARE PATH FEES	305,641	9	2,300		84,032	632	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	305,641	9	51,334		84,032	14,114	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 341,429	\$ 253,650		\$ 93,872	25

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization ITEX / AK CARE COMPANY
Street Address 6633 N. LINCOLN AVE.
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAILABLE BED DAYS	464,645	5	\$ 21,836	\$	111,325	\$ 5,232	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	464,645	5	61,490		111,325	14,732	2
3	5	UTILITIES	AVAILABLE BED DAYS	464,645	5	20,118		111,325	4,820	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	464,645	5	31,302		111,325	7,500	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	464,645	5	37,736		111,325	9,041	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	464,645	5	11,649		111,325	2,791	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	464,645	5	125,259		111,325	30,011	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	464,645	5	8,131		111,325	1,948	8
9	26	INSURANCE	AVAILABLE BED DAYS	464,645	5	4,965		111,325	1,189	9
10	27	EMPLOYEE BENEFITS	AVAILABLE BED DAYS	464,645	5	9,614		111,325	2,303	10
11	30	DEPRECIATION	AVAILABLE BED DAYS	464,645	5	64,296		111,325	15,405	11
12	31	AMORTIZATION	AVAILABLE BED DAYS	464,645	5	908		111,325	218	12
13	32	INTEREST	AVAILABLE BED DAYS	464,645	5	112,329		111,325	26,913	13
14	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	464,645	5	47,080		111,325	11,280	14
15	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	464,645	5	19,705		111,325	4,721	15
16										16
17										17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION		6	689,164	689,164		214,035	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		6	206,879			64,251	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,472,461	\$ 689,164		\$ 416,390	25

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization JLR MANAGEMENT CORP.
Street Address 6633 NORTH LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 81,900	\$ 81,900	6	\$ 8,935	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	5,000		6	546	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	9,614	9,614	6	1,049	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,055		6	988	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 105,569	\$ 91,514		\$ 11,518	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization SHAYMARK MANAGEMENT CORP.
Street Address 6633 NORTH LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	BERNIE HOLLANDER-SAL.	AVG. HOURS WORKED	48	5	\$ 155,000	\$ 155,000	20	\$ 64,583	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	48	5	4,353		20	1,814	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	48	5	8,043		20	3,351	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 167,396	\$ 155,000		\$ 69,748	25

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization INTERCARE, LTD. C/O MANAGCARE
Street Address 3553 W. PETERSON AVE. 3RD FLOOR
City / State / Zip Code CHICAGO, IL. 60659
Phone Number (773) 463-1313
Fax Number (773) 463- 5311

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	AVG. HOURS WORKED	60	7	\$ 50,000	\$ 50,000	1	\$ 833	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	60	7	2,500		1	42	2
3	20	FEES, SUBSCRIPTIONS	AVG. HOURS WORKED	60	7	271		1	5	3
4	21	CLERICAL & GENERAL	AVG. HOURS WORKED	60	7	821		1	14	4
5	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	60	7	3,825		1	64	5
6	30	DEPRECIATION	AVG. HOURS WORKED	60	7	394		1	7	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 57,811	\$ 50,000		\$ 965	25

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1					\$	\$			1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Glenview Terrace Nursing Ctr # 0026237 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1					\$	\$			1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	HUD		X	Mortgage			\$	15,758,387			\$	1,142,007	1
2	ICF Credit Corporation		X	Telephone System	\$463.00	03/01/01		24,125	324			3,028	2
3	McGrath		X	Auto Loan				14,519					3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Bank One		X	Line of Credit				2,786,519				95,648	6
7	INAC		X	Insurance Financing								10,590	7
8	See Supplemental Schedule											385,878	8
9	TOTAL Facility Related				\$463.00		\$ 24,125	\$ 18,559,749			\$ 1,637,151	9	
	B. Non-Facility Related*												
10	Interest Income											(358,482)	10
11	Interst Income - Bldg. Co											(3,028)	11
12													12
13	See Supplemental Schedule											(173,466)	13
14	TOTAL Non-Facility Related						\$					\$ (534,976)	14
15	TOTALS (line 9+line14)						\$ 24,125	\$ 18,559,749			\$ 1,102,175	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 103,356 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8	Shareholder Loan	X		Working Capital			\$	\$			\$ 52,529	8	
9	Related Parties	X		Working Capital							120,937	9	
10	MB Financial		X	Line of Credit							119,574	10	
11	Building Company		X								65,925	11	
12	Allocate ITEX		X								26,913	12	
13												13	
14	TOTAL Working Capital										385,878	14	
	B. Non-Facility Related*												
15	Shareholder/Rel Party Int	X					\$	\$			\$ (173,466)	15	
16												16	
17												17	
18												18	
19												19	
20	TOTAL Non-Facility Related										(173,466)	20	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

B. Real Estate Taxes

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenview Terrace Nursing Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
			Tax
Tax Index Number	Property Description	Total Tax	Applicable to Nursing Home
1. 04-28-401-042-0000	Long Term Care Property	\$ 464,402.02	\$ 464,402.02
2. 10-35-312-022-0000	Central Office	\$ 49,278.78	\$ 11,287.28
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 513,680.80	\$ 475,689.30

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenview Terrace Nursing Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
			Tax
Tax Index Number	Property Description	Total Tax	Applicable to Nursing Home
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

79,000

B. General Construction Type:

Exterior

Brick

Frame

Steel & Concrete

Number of Stories

3

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☒

YES

☐

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

218

4. Dates Incurred:

Nature of Costs:

Allocated ITEX

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1978	\$167,502	1
2					2
3	TOTALS			\$167,502	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	305		1978	1975	\$ 2,750,940	\$		\$ 68,774	\$ 68,774	\$ 2,019,354	4
5				1989	1,453,936			36,348	36,348	588,266	5
6				2002	4,266,341			426,432	426,432	1,565,693	6
7				2004	37,074			3,709	3,709	7,108	7
8											8
	Improvement Type**										
9	Various			1975	28,890		20			28,890	9
10	Various			1977	11,520		20			6,484	10
11	Various			1978	1,209		20			1,209	11
12	Various			1979	4,832		20			4,832	12
13	Various			1980	6,097		20			6,097	13
14	Various			1981	2,004		20			1,610	14
15	Various			1982	6,604		20			2,943	15
16	Various			1983	5,607		20			5,607	16
17	Various			1984	4,233		20			4,233	17
18	Various			1985	10,997		20	154	154	9,125	18
19	Various			1986	2,080		20	104	104	1,976	19
20	Various			1987	2,375		20	119	119	1,427	20
21	Various			1988	4,955		20	248	248	3,446	21
22	Various			1989	111,464		20	5,574	5,574	85,770	22
23	Various			1990	98,033		20	4,903	4,903	63,893	23
24	Various			1991	2,229		20	111	111	1,405	24
25	Various			1992	3,024		20	151	151	1,909	25
26	Various			1993	103,239		20	5,163	5,163	65,638	26
27	Various			1994	23,033		20	1,152	1,152	12,466	27
28	Various			1995	44,266		20	2,214	2,214	23,059	28
29	Various			1996	93,171		20	4,659	4,659	44,607	29
30	Various			1997	102,244		20	3,706	3,706	31,821	30
31	Various			1998	103,389		20	6,252	6,252	46,156	31
32	Various			1999	150,958		20	11,569	11,569	77,562	32
33	Various			2000	37,198		20	1,860	1,860	9,812	33
34	Various			2001	217,477		20	10,876	10,876	49,939	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total
SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)							67
68	Related Party Allocations (Pages 12-REP & 12A-REP)	475,328	12,071		15,485	3,414	189,542	68
69	Financial Statement Depreciation		1,050,064			(1,050,064)		69
70	TOTAL (lines 4 thru 69)	\$ 10,164,747	\$ 1,062,135		\$ 609,563	\$ (452,572)	\$ 4,961,879	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,164,747	\$ 1,062,135		\$ 609,563	\$ (452,572)	\$ 4,961,879	1
2	3 Sump Pump Covers	2002	2,500		20	500	500	2,000	2
3	Hot Water Boiler	2002	6,500		20	1,300	1,300	5,200	3
4	Electrical For Laundry	2002	2,240		20	448	448	1,717	4
5	Arbuities Along Northside/Black Top/Black Dirt	2002	26,550		20	1,770	1,770	6,343	5
6	Plants	2002	11,130		20	742	742	2,659	6
7	Wallpaper/Painting	2002	22,975		20			22,975	7
8	9 Cameras, 2 Multiplexer	2002	8,680		20	1,736	1,736	6,076	8
9	5 Outlets 3Rd Floor	2002	640		20	128	128	448	9
10	Landscaping	2002	20,000		20	1,333	1,333	5,222	10
11	Land Improvement	2002	4,500		20	300	300	1,175	11
12	Land Inprovement	2002	9,000		20	600	600	2,350	12
13	Landscaping	2002	10,000		20	667	667	2,667	13
14	Landscaping	2002	20,000		20	1,333	1,333	5,000	14
15	Landscaping	2002	11,735		20	782	782	2,869	15
16	Land Improvement	2002	3,075		20	205	205	752	16
17	Landscaping	2002	11,130		20	742	742	2,597	17
18	Land Improvement	2002	14,478		20	965	965	3,378	18
19	Generator	2002	25,000		20	2,500	2,500	8,750	19
20	Landscaping	2002	30,305		20	2,020	2,020	6,903	20
21	Irrigation System	2002	18,320		20	1,221	1,221	4,173	21
22	Landscaping	2002	14,478		20	965	965	3,378	22
23	Brick Area Front & Back	2002	19,540		20	1,303	1,303	4,451	23
24	Landscaping	2002	18,526		20	1,235	1,235	4,220	24
25	Brick Treatment	2002	4,460		20	297	297	1,016	25
26	Install 350 Phone Outlets With Jacks	2002	27,500		20	2,750	2,750	10,313	26
27	Smoke Barrier Door	2002	503		20	50	50	197	27
28	Insulation	2002	1,231		20	123	123	482	28
29	Pump	2002	983		20	98	98	393	29
30	Transmitters	2002	657		20	66	66	235	30
31	Roof Ventilator	2002	711		20	71	71	255	31
32	Insulation	2002	591		20	59	59	182	32
33	Pump	2002	585		20	59	59	234	33
34	TOTAL (lines 1 thru 33)		\$ 10,513,270	\$ 1,062,135		\$ 635,931	\$ (426,204)	\$ 5,080,489	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,513,270	\$ 1,062,135		\$ 635,931	\$ (426,204)	\$ 5,080,489	1
2	Phone Wiring	2002	880		20	88	88	352	2
3	Station Wiring	2002	619		20	62	62	242	3
4	Elevator Repair	2002	1,455		20	73	73	291	4
5	Install Fixtures	2002	1,955		20	196	196	766	5
6	Replace Line Taps	2002	868		20	87	87	340	6
7	Repair Cable	2002	965		20	97	97	354	7
8	Paging System	2002	1,240		20	177	177	620	8
9	Recable Extensions	2002	840		20	84	84	273	9
10	A/C Repair	2002	1,144		20	95	95	302	10
11	Rewiring	2002	1,068		20	107	107	329	11
12	Rewire Cable	2002	1,393		20	139	139	441	12
13	Toilet Seats	2002	973		20	49	49	178	13
14	Grab Bars	2002	979		20	49	49	171	14
15	Tissue Roll Holders	2002	965		20	48	48	165	15
16	Rough Carp-Construc	2002	10,000		20	500	500	2,000	16
17	Electrical Construc	2002	10,000		20	500	500	2,000	17
18	Rough Carp-Construc	2002	378,950		20	18,948	18,948	66,316	18
19	Insulation Construc	2002	4,718		20	236	236	826	19
20	Roofing-Construction	2002	51,647		20	2,582	2,582	9,038	20
21	Doors-Construction	2002	227,436		20	11,372	11,372	39,801	21
22	Windows-Construc	2002	287,696		20	14,385	14,385	50,347	22
23	Tile Work-Construc	2002	79,820		20	3,991	3,991	13,969	23
24	Flooring-Construc	2002	109,055		20	21,811	21,811	76,339	24
25	Paint-Construction	2002	27,710		20	1,386	1,386	4,849	25
26	Painting-Construc	2002	377,000		20	18,850	18,850	65,975	26
27	Heating-Construction	2002	220,000		20	11,000	11,000	38,500	27
28	Air Cond-Construc	2002	207,500		20	10,375	10,375	36,313	28
29	Electrical-Construc	2002	355,000		20	17,750	17,750	62,125	29
30	Site Utilities-Constr	2002	20,000		20	1,333	1,333	5,333	30
31	Site Utilities-Constr	2002	15,500		20	1,033	1,033	3,617	31
32	Road & Walks-Const	2002	60,400		20	4,027	4,027	14,093	32
33	Lawns-Construc	2002	6,000		20	400	400	1,600	33
34	TOTAL (lines 1 thru 33)		\$ 12,977,046	\$ 1,062,135		\$ 777,761	\$ (284,374)	\$ 5,578,354	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,977,046	\$ 1,062,135		\$ 777,761	\$ (284,374)	\$ 5,578,354	1
2	Lawns-Construc	2002	4,000		20	267	267	933	2
3	Earth Work-Construc	2002	183,000		20	12,200	12,200	48,800	3
4	Earth Work-Construc	2002	182,778		20	12,185	12,185	42,648	4
5	Doors-Construction	2002	13,379		20	669	669	2,341	5
6	Glass Construction	2002	5,570		20	279	279	975	6
7	Flooring-Construc	2002	6,415		20	321	321	1,123	7
8	Paint-Construction	2002	1,630		20	82	82	285	8
9	Blinds,Shades Etc.-Construc	2002	6,960		20	696	696	2,436	9
10	Doors-Construc	2002	5,351		20	268	268	936	10
11	Windows-Constru.	2002	26,290		20	1,315	1,315	4,601	11
12	Flooring-Construc	2002	2,566		20	128	128	449	12
13	Paint-Construction	2002	652		20	33	33	114	13
14	Plumbing-Constrc.	2002	87,000		20	4,350	4,350	15,225	14
15	Blinds,Shades Etc.	2002	2,320		20	232	232	812	15
16	Landscape=Construc	2002	500		20	33	33	133	16
17	Site Utilities-Construc.	2002	10,549		20	703	703	2,813	17
18	Elevators-Construc.	2002	31,655		20	1,583	1,583	6,331	18
19	Finish Carp-Const	2002	38,000		20	1,900	1,900	6,650	19
20	Elevator	2002	2,500		20	125	125	500	20
21	Elevator #2	2002	5,985		20	299	299	1,197	21
22	Elevator #3	2002	16,387		20	819	819	3,209	22
23	Elevator #1	2002	19,950		20	998	998	3,907	23
24	Phone System For Elevator #3	2002	889		20	44	44	174	24
25	Flooring	2002	19,169		20	1,278	1,278	5,005	25
26	Removal Of Old Ceiling-3Rd Fl/Installation Of New Ceiling	2002	3,640		20	182	182	698	26
27	Electric Work Done To Elevators	2002	10,221		20	511	511	2,002	27
28	Remaining Bal Due For Elevator #3	2002	6,758		20	338	338	1,295	28
29	Flooring	2002	15,626		20	1,042	1,042	3,906	29
30	Flooring	2002	227,640		20	15,176	15,176	56,910	30
31	Phone Work	2002	1,814		20	91	91	333	31
32	Tile In Lobby,Corridor & Tcu Lobby	2002	27,000		20	1,350	1,350	4,838	32
33	Day Room Flooring	2002	11,175		20	745	745	2,608	33
34	TOTAL (lines 1 thru 33)		\$ 13,954,415	\$ 1,062,135		\$ 838,003	\$ (224,132)	\$ 5,802,541	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,954,415	\$ 1,062,135		\$ 838,003	\$ (224,132)	\$ 5,802,541	1
2	Patient Room/Cor.Flooring	2002	22,207		20	1,480	1,480	5,182	2
3	Flooring 2 East	2002	29,505		20	1,967	1,967	6,885	3
4	Flooring/West Wing	2002	1,750		20	117	117	389	4
5	Flooring	2002	3,815		20	254	254	827	5
6	Floors	2002	8,350		20	557	557	1,948	6
7	Floors	2002	4,898		20	327	327	1,088	7
8	Fencing	2002	1,995		20	100	100	308	8
9	Corridor Lights	2002	33,365		20	3,337	3,337	13,068	9
10	Lighting	2002	1,417		20	142	142	567	10
11	Lighting	2002	1,636		20	164	164	654	11
12	Wallcovering 2Nd Fl	2002	7,149		20			7,149	12
13	Carpet Admissions Office & Barb'S Office	2002	1,433		20	143	143	561	13
14	Spool Border	2002	2,364		20			2,364	14
15	Drapery Admissions/Office	2002	1,073		20	107	107	411	15
16	Drapery	2002	1,224		20	122	122	469	16
17	Bathroom Fixtures	2002	8,304		20	1,661	1,661	6,366	17
18	10 X 12 Ivory Sign W/Digital Print	2002	2,078		20	416	416	1,593	18
19	Lighting	2002	2,509		20	251	251	941	19
20	Lighting	2002	3,449		20	345	345	1,293	20
21	Lighting	2002	6,277		20	628	628	2,354	21
22	Carpet-Corridor	2002	4,184		20	418	418	1,534	22
23	Additional Wallcovering	2002	916		20			916	23
24	Cubicle Track Sets	2002	6,186		20	1,237	1,237	4,536	24
25	Cubicle Track Set	2002	1,223		20	245	245	897	25
26	Cubicle Curtains	2002	2,876		20	575	575	2,109	26
27	Lighting	2002	1,931		20	193	193	708	27
28	Lighting	2002	2,946		20	295	295	1,080	28
29	Lighting	2002	728		20	73	73	267	29
30	Galvanized Chain Link	2002	1,895		20	126	126	463	30
31	2Nd Fl Corridor Wallcovering	2002	8,950		20			8,950	31
32	1St Fr Corridor Wallcovering	2002	7,691		20			7,691	32
33	Wallcovering	2002	4,045		20			4,045	33
34	TOTAL (lines 1 thru 33)		\$ 14,142,784	\$ 1,062,135		\$ 853,283	\$ (208,852)	\$ 5,890,154	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 14,142,784	\$ 1,062,135		\$ 853,283	\$ (208,852)	\$ 5,890,154	1
2	Wallcovering	2002	18,364		20			18,364	2
3	Wallcovering-Pavillions	2002	4,619		20			4,619	3
4	2Nd Fl Drapery	2002	1,191		20	119	119	427	4
5	Suites Wallcovering	2002	2,996		20	599	599	2,097	5
6	Fixtures	2002	1,075		20	108	108	376	6
7	Fixtures	2002	739		20	74	74	259	7
8	Fixtures	2002	1,671		20	167	167	571	8
9	Fixtures	2002	2,301		20	230	230	786	9
10	Signage	2002	1,173		20	78	78	267	10
11	Dayroom Flooring	2002	6,835		20	456	456	1,519	11
12	Patiens/Cor.Flooring	2002	23,360		20	1,557	1,557	5,191	12
13	Signage	2002	3,681		20	245	245	838	13
14	Wallcovering	2002	618		20	124	124	422	14
15	Bathroom Grab Bars	2002	2,049		20	410	410	1,400	15
16	Signage	2002	5,293		20	353	353	1,176	16
17	Carpeting	2002	8,647		20	865	865	2,882	17
18	Light Fixtures	2002	1,528		20	153	153	497	18
19	Fence	2002	3,688		20	246	246	799	19
20	Resident Room Signs	2002	4,126		20	413	413	1,375	20
21	Fixtures	2002	33,397		20	3,340	3,340	11,411	21
22	Window Treatments	2002	8,265		20	827	827	2,755	22
23	Carpet	2002	9,042		20	1,292	1,292	4,306	23
24	Irrigation System	2002	3,300		20	165	165	536	24
25	Can Lights For Ceiling	2002	28,696		20	2,870	2,870	8,848	25
26	Carpeting	2002	264		20	38	38	126	26
27	Cubicle Curtains	2002	288		20	29	29	94	27
28	Wallpaper	2002	9,962		20			9,962	28
29	Wallpaper	2002	8,169		20			8,169	29
30	Window Treatments	2002	1,584		20	158	158	515	30
31	Wallpaper	2002	4,864		20			4,864	31
32	Carpeting	2002	683		20	98	98	309	32
33	Carpeting	2002	25,761		20	3,680	3,680	11,654	33
34	TOTAL (lines 1 thru 33)		\$ 14,371,013	\$ 1,062,135		\$ 871,977	\$ (190,158)	\$ 5,997,568	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 14,371,013	\$ 1,062,135		\$ 871,977	\$ (190,158)	\$ 5,997,568	1
2	Carpeting	2002	13,679		20	1,954	1,954	6,188	2
3	Additional Renovation Per 6/30/03 Capital Report	2002	1,258,094		20	62,905	62,905	193,956	3
4	Heaters	2003	2,016		20	168	168	490	4
5	Ewing Doherty	2003	1,359		20	136	136	374	5
6	Fountain	2003	2,354		20	157	157	392	6
7	Fountain	2003	3,268		20	218	218	545	7
8	Elevator	2003	2,621		20	131	131	371	8
9	Condenser	2003	5,250		20	350	350	875	9
10	24000 Btu Lanitrol	2003	1,585		20	132	132	319	10
11	Beauty Shop Fixtures	2003	1,600		20	160	160	400	11
12	Ceiling Tiles	2003	3,906		20	195	195	439	12
13	Sodding	2003	4,500		20	300	300	725	13
14	Ceiling Tiles	2003	1,008		20	50	50	130	14
15	Ceiling Tile	2003	1,248		20	62	62	156	15
16	Wallcovering	2003	2,859		20			2,859	16
17	Beauty Shop Plumbing	2003	2,500		20	167	167	417	17
18	Beauty Shop Electrical Work	2003	1,350		20	135	135	326	18
19	Beauty Shop Electrical Work	2003	3,000		20	300	300	725	19
20	Beauty Shop Electrical Work	2003	700		20	70	70	169	20
21	Fire Doors	2003	810		20	116	116	280	21
22	Fire Doors	2003	1,200		20	171	171	429	22
23	Exhaust Fans For Beauty Shop	2003	2,774		20	277	277	624	23
24	Fountain	2003	3,268		20	327	327	844	24
25	Windows & Doors	2003	30,000		20	3,000	3,000	7,250	25
26	Fixtures	2003	1,903		20	381	381	888	26
27	Plumbing	2003	515		20	52	52	155	27
28	Pa System	2003	1,656		20	237	237	591	28
29	Painting	2003	1,200		20			1,200	29
30	Security Alarm	2003	6,069		20	867	867	2,240	30
31	Boiler Repair	2003	7,500		20	625	625	1,406	31
32	Light Fixtures	2003	1,756		20	351	351	761	32
33	Window Shades	2003	2,811		20	281	281	679	33
34	TOTAL (lines 1 thru 33)		\$ 15,745,372	\$ 1,062,135		\$ 946,252	\$ (115,883)	\$ 6,224,771	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 15,745,372	\$ 1,062,135		\$ 946,252	\$ (115,883)	\$ 6,224,771	1
2	Sprinkler Installation	2003	6,353		20	424	424	1,023	2
3	Building Costs To R. Kane	2003	26,000		20	2,600	2,600	5,850	3
4	Beauty Shop Fixtures	2003	1,616		20	323	323	808	4
5	Fire Alarm System Repair	2003	536		20	27	27	80	5
6	Walk-In Freezer Repair	2003	607		20	30	30	91	6
7	Generator Repair	2003	605		20	30	30	91	7
8	Fire Alarm System Repair	2003	929		20	46	46	132	8
9	Paging System	2003	1,109		20	55	55	157	9
10	Fir Alarm System Repair	2003	1,675		20	84	84	230	10
11	Wire Glass In Door	2003	608		20	30	30	84	11
12	Fir Alarm System Repair	2003	538		20	27	27	65	12
13	Fire Alarm Systme Repair	2003	554		20	28	28	67	13
14	A/C Repair	2003	885		20	44	44	107	14
15	Generator Repair	2003	1,622		20	81	81	189	15
16	Sprinkler System	2003	1,110		20	56	56	120	16
17	Paging System	2003	520		20	26	26	54	17
18	Hvac Repair	2003	1,065		20	53	53	111	18
19	Fir Hydrant Repair	2003	732		20	37	37	76	19
20	Pump	2003	535		20	27	27	80	20
21	Door Alarm	2003	609		20	30	30	89	21
22	Ballasts	2003	549		20	27	27	69	22
23	Bathroom Grab Bars	2003	763		20	38	38	89	23
24	Signs	2003	1,442		20	72	72	162	24
25	West Addition	2003	4,900		20	245	245	735	25
26	Day Rooms	2003	5,318		20	266	266	798	26
27	Bathroom Tile	2003	2,600		20	130	130	390	27
28	Install Day Room Floor	2003	13,825		20	691	691	2,074	28
29	Cubicle Curtains	2003	6,240		20			6,240	29
30	Wood Work	2003	72,210		20	3,611	3,611	10,832	30
31	Fabric	2003	3,886		20	777	777	2,332	31
32	Wall Tile	2003	8,614		20	574	574	1,723	32
33	Electrical Work	2003	605		20	30	30	91	33
34	TOTAL (lines 1 thru 33)		\$ 15,914,532	\$ 1,062,135		\$ 956,771	\$ (105,364)	\$ 6,259,810	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 15,914,532	\$ 1,062,135		\$ 956,771	\$ (105,364)	\$ 6,259,810	1
2	Electrical Work	2003	435		20	22	22	65	2
3	Flooring	2003	17,930		20	1,195	1,195	3,586	3
4	Electrical Work	2003	4,635		20	232	232	695	4
5	Carpet	2003	2,084		20	298	298	893	5
6	Paint Murals	2003	2,200		20	220	220	660	6
7	Paint Murals	2003	4,400		20	440	440	1,320	7
8	Window Treatments	2003	4,307		20	431	431	1,292	8
9	Wall Covering	2003	2,869		20			2,869	9
10	Flooring	2003	6,088		20	406	406	1,218	10
11	Flooring	2003	2,095		20	140	140	419	11
12	Flooring	2003	17,800		20	1,187	1,187	3,560	12
13	Wall Covering	2003	3,469		20			3,469	13
14	Install Tile	2003	9,754		20	650	650	1,951	14
15	Exit Sign	2003	73		20	10	10	30	15
16	Light Fixtures	2003	1,017		20	102	102	297	16
17	Wood Storage	2003	450		20	90	90	263	17
18	Lighting	2003	19		20	4	4	11	18
19	Electrical Work	2003	2,157		20	108	108	315	19
20	Wall Covering	2003	4,770		20			4,770	20
21	Construction Surveying	2003	2,396		20	120	120	349	21
22	Ceiling Fan	2003	222		20	44	44	130	22
23	Window Treatments	2003	553		20	55	55	161	23
24	Ghrp Bars	2003	4,415		20	883	883	2,575	24
25	Light Fixtures	2003	298		20	60	60	174	25
26	Light Fixtures	2003	1,518		20	304	304	885	26
27	Light Fixtures	2003	1,558		20	312	312	909	27
28	Light Fixtures	2003	273		20	55	55	159	28
29	Light Fixtures	2003	4,378		20	876	876	2,554	29
30	Flooring	2003	19,230		20	1,282	1,282	3,739	30
31	Wall Tile	2003	1,279		20	85	85	249	31
32	Tile	2003	13,371		20	891	891	2,600	32
33	Window Treatment	2003	1,943		20	194	194	567	33
34	TOTAL (lines 1 thru 33)		\$ 16,052,518	\$ 1,062,135		\$ 967,467	\$ (94,668)	\$ 6,302,544	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 16,052,518	\$ 1,062,135		\$ 967,467	\$ (94,668)	\$ 6,302,544	1
2	Cubicle Curtains	2003	6,194		20	619	619	1,755	2
3	Window Treatments	2003	4,307		20	431	431	1,220	3
4	Window Treatments	2003	985		20	98	98	279	4
5	Wall Covering	2003	17,762		20			17,762	5
6	Flooring	2003	19,664		20	1,311	1,311	3,714	6
7	Flooring	2003	20,000		20	1,333	1,333	3,778	7
8	Flooring	2003	1,310		20	87	87	247	8
9	Flooring	2003	4,016		20	268	268	759	9
10	Flooring	2003	930		20	62	62	176	10
11	Flooring	2003	8,921		20	595	595	1,685	11
12	Window Coverings	2003	941		20	94	94	267	12
13	Window Coverings	2003	3,844		20	384	384	1,089	13
14	Cubicle Tracks	2003	666		20	67	67	183	14
15	Window Treatments	2003	1,818		20	182	182	500	15
16	Dining Window Treatment	2003	4,665		20	466	466	1,283	16
17	Library Window Treatment	2003	1,355		20	136	136	373	17
18	Wood Work	2003	45,722		20	2,286	2,286	6,287	18
19	Floor Covering	2003	4,966		20	709	709	1,951	19
20	Wall Covering	2003	2,266		20			2,266	20
21	Landscape	2003	1,800		20	120	120	320	21
22	Flowers	2003	1,000		20	67	67	178	22
23	Carpet Install	2003	858		20	123	123	327	23
24	Light Fixtures	2003	6,189		20	1,238	1,238	3,301	24
25	Wall Torch	2003	143		20	14	14	38	25
26	Wall Sconce	2003	651		20	65	65	174	26
27	Light Fixtures	2003	4,091		20	818	818	2,182	27
28	Bathroom Tile	2003	4,550		20	303	303	809	28
29	Tapestry	2003	2,220		20	222	222	592	29
30	Extra Cabinets	2003	1,000		20	50	50	129	30
31	Fence In Patio Area	2003	5,157		20	344	344	888	31
32	Extended Builders Risk Coverage	2003	1,892		20	95	95	244	32
33	Flowers	2003	1,770		20	118	118	305	33
34	TOTAL (lines 1 thru 33)		\$ 16,234,171	\$ 1,062,135		\$ 980,172	\$ (81,963)	\$ 6,357,605	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 16,234,171	\$ 1,062,135		\$ 980,172	\$ (81,963)	\$ 6,357,605	1
2	New Cabinet Fixtures	2003	2,000		20	400	400	1,033	2
3	Trees	2003	1,250		20	83	83	215	3
4	Shrubery	2003	2,345		20	156	156	404	4
5	Edging Around Pond	2003	2,700		20	180	180	465	5
6	Electrical Work	2003	5,065		20	253	253	654	6
7	Trees	2003	6,598		20	440	440	1,136	7
8	Sodd	2003	2,300		20	153	153	396	8
9	Construction	2003	3,500		20	233	233	603	9
10	Shrubery	2003	3,100		20	207	207	517	10
11	Trees	2003	7,745		20	516	516	1,291	11
12	Wood Work	2003	25,354		20	1,268	1,268	3,169	12
13	Painting	2003	15,000		20	750	750	1,875	13
14	Patient Rooms/Corridors	2003	26,274		20	1,314	1,314	3,284	14
15	Deposit For Tub Rooms	2003	9,630		20	482	482	1,204	15
16	Flowers	2003	8,162		20	544	544	1,360	16
17	Painting	2003	13,000		20	1,300	1,300	3,358	17
18	Window Treatments, Cubicle Curtains	2003	24,499		20	2,450	2,450	7,350	18
19	Flooring	2003	28,663		20	1,911	1,911	5,733	19
20	First Painting	2003	10,000		20	1,000	1,000	2,583	20
21	Balance Of Ceramic Tile	2003	4,558		20	456	456	1,215	21
22	Furnish And Install In-Line Exhaust Fan	2003	4,154		20	415	415	1,177	22
23	Limp	2003	2,215		20	111	111	286	23
24	Exterior Signage	2003	10,896		20	1,090	1,090	3,269	24
25	Light Fixtures	2003	2,575		20	515	515	1,545	25
26	Light Fixtures	2003	993		20	199	199	596	26
27	Light Fixtures	2003	574		20	115	115	345	27
28	Light Fixtures	2003	6,033		20	1,207	1,207	2,614	28
29	Light Fixtures	2003	1,255		20	251	251	523	29
30	Light Fixtures	2003	278		20	56	56	116	30
31	Light Fixtures	2003	1,365		20	273	273	569	31
32	Light Fixtures	2003	307		20	61	61	128	32
33	Window Treatments	2003	579		20	58	58	121	33
34	TOTAL (lines 1 thru 33)		\$ 16,467,138	\$ 1,062,135		\$ 998,619	\$ (63,516)	\$ 6,406,739	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$		4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)											
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	ITEX		1993	1993	\$ 384,317	\$ 9,854	35	\$ 10,980	\$ 1,126	\$ 138,170	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocation from Itex - A.K. Care			1993	48,358	584	20	2,418	1,834	30,723	9
10	Allocation from Itex - A.K. Care			1994	25,974	676	20	1,299	623	14,651	10
11	Allocation from Itex - A.K. Care			1995	4,427	12	20	221	209	2,257	11
12	Allocation from Itex - A.K. Care			1996	251	-	20	13	(13)	126	12
13	Allocation from Itex - A.K. Care			1997	7,467	191	20	373	182	3,173	13
14	Allocation from Itex - A.K. Care			1999	829	21	20	41	20	290	14
15	Allocation from Itex - A.K. Care			2005	3,631	726	20	136	(590)	136	15
16											16
17	Allocation from Inter Care Ltd.			2001	74	7	20	4	(3)	16	17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 475,328	\$ 12,071		\$ 15,485	\$ 3,388	\$ 189,542	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,564,041	\$ 2,238	\$ 302,887	\$ 300,649	10	\$ 1,557,641	71
72	Current Year Purchases	88,250	1,102	8,457	7,355	10	8,457	72
73	Fully Depreciated Assets	811,757				10	811,757	73
74								74
75	TOTALS	\$ 3,464,048	\$ 3,340	\$ 311,344	\$ 308,004		\$ 2,377,855	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		CHEVY EXPRESS VAN	2001	\$ 27,850	\$	\$ 5,570	\$ 5,570	5	\$ 25,993	76
77		RUNNING BOARD INSTAL	2001	700		140	140	5	642	77
78		LEXUS	2004	25,000		9,458	9,458	5	10,813	78
79										79
80	TOTALS			\$ 53,550	\$	\$ 15,168	\$ 15,168		\$ 37,448	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 20,152,238	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,065,475	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,325,131	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 259,656	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,822,042	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	LEXUS - 2004	\$ 26,889	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 26,889	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YESNO
- If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease

9. Option to Buy:

YESNO

Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES

X

NO
16. Rental Amount for movable equipment: \$ 18,597Description: See Attached Schedule
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrator	2002 Acura	\$ 832.00	\$ 7,527	17
18				(7,527)	18
19	Facility	2004 Ford Econoline	549.95	6,599	19
20					20
21	TOTAL		\$ 1,382	\$ 6,599	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?	<input type="checkbox"/> YES	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
	<input checked="" type="checkbox"/> NO	IN-HOUSE PROGRAM	IN-HOUSE PROGRAM
		IN OTHER FACILITY	IN OTHER FACILITY
		COMMUNITY COLLEGE	HOURS PER CNA
		HOURS PER CNA	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 267,423		\$	\$		\$ 267,423	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	14,917			39,213		54,130	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	296,563			83,115		379,678	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				895,149		895,149	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			98,592			93,255		191,847	13
14	TOTAL			\$ 677,495		\$	\$ 1,110,732		\$ 1,788,227	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 333,082	\$ 541,046	1
2	Cash-Patient Deposits	19,976	19,976	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,880,393	2,880,393	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	495,935	554,687	6
7	Other Prepaid Expenses	43,884	43,884	7
8	Accounts Receivable (owners or related parties)	2,600,399	1,354,613	8
9	Other(specify): See Attached Schedule	86,156	727,044	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,459,825	\$ 6,121,643	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		198,820	13
14	Buildings, at Historical Cost		8,932,843	14
15	Leasehold Improvements, at Historical Cost	417,862	8,019,139	15
16	Equipment, at Historical Cost	930,717	4,364,719	16
17	Accumulated Depreciation (book methods)	(470,525)	(8,860,185)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	7,500	7,500	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,667)	(1,667)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	517,194	1,072,359	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,401,081	\$ 13,733,528	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,860,906	\$ 19,855,171	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,912,725	\$ 1,921,725	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,402	23,402	28
29	Short-Term Notes Payable	2,793,722	2,793,722	29
30	Accrued Salaries Payable	285,694	285,694	30
31	Accrued Taxes Payable (excluding real estate taxes)	143,432	143,432	31
32	Accrued Real Estate Taxes(Sch.IX-B)		487,622	32
33	Accrued Interest Payable	18,000	112,944	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	452	452	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,177,427	\$ 5,768,993	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	7,640	7,640	39
40	Mortgage Payable		15,758,387	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,640	\$ 15,766,027	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,185,067	\$ 21,535,020	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,675,839	\$ (1,679,849)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,860,906	\$ 19,855,171	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,176,425	1
2	Restatements (describe):		2
3	Rounding	(6)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,176,419	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	499,420	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 499,420	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,675,839	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,464,323	1
2	Discounts and Allowances for all Levels	(816,543)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,647,780	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,900,052	6
7	Oxygen	13,832	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,913,884	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	741	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,750	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,118,800	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	165,866	19
20	Radiology and X-Ray		20
21	Other Medical Services	23,503	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,311,660	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	314,732	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 314,732	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	61,121	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 61,121	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,249,177	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,871,930	31
32	Health Care	7,985,892	32
33	General Administration	4,003,249	33
	B. Capital Expense		
34	Ownership	2,772,171	34
	C. Ancillary Expense		
35	Special Cost Centers	1,948,756	35
36	Provider Participation Fee	167,759	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,749,757	40
41	Income before Income Taxes (line 30 minus line 40)**	499,420	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 499,420	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,983	2,417	\$ 132,227	\$ 54.71	1
2	Assistant Director of Nursing	3,771	4,213	137,760	32.70	2
3	Registered Nurses	71,705	84,778	2,650,246	31.26	3
4	Licensed Practical Nurses	26,622	30,558	753,920	24.67	4
5	CNAs & Orderlies	227,116	256,579	2,666,250	10.39	5
6	CNA Trainees					6
7	Licensed Therapist	20,214	24,017	677,495	28.21	7
8	Rehab/Therapy Aides	28,547	33,179	696,799	21.00	8
9	Activity Director	430	571	10,753	18.83	9
10	Activity Assistants	13,609	15,036	143,141	9.52	10
11	Social Service Workers	17,393	19,378	322,261	16.63	11
12	Dietician					12
13	Food Service Supervisor	1,781	2,086	57,853	27.73	13
14	Head Cook	6,777	7,478	85,077	11.38	14
15	Cook Helpers/Assistants	39,551	43,460	433,346	9.97	15
16	Dishwashers					16
17	Maintenance Workers	12,071	14,032	165,768	11.81	17
18	Housekeepers	49,813	55,590	522,180	9.39	18
19	Laundry	20,094	22,561	218,854	9.70	19
20	Administrator	1,637	2,413	143,632	59.52	20
21	Assistant Administrator	1,043	1,043	24,361	23.36	21
22	Other Administrative	1,572	1,584	41,000	25.88	22
23	Office Manager	1,896	2,193	50,887	23.20	23
24	Clerical	17,541	19,448	346,368	17.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,215	6,938	87,749	12.65	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	7,711	8,476	145,893	17.21	33
34	TOTAL (lines 1 - 33)	579,092	658,028	\$ 10,513,820 *	\$ 15.98	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 8,300	01-03	35
36	Medical Director	Monthly	91,000	09-03	36
37	Medical Records Consultant	Monthly	4,224	10-03	37
38	Nurse Consultant	Monthly	36,000	10-03	38
39	Pharmacist Consultant	Monthly	6,498	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	4,250	11-03	44
45	Social Service Consultant	Monthly	2,400	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 152,672		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount		
Amy Saltzman	Administrator	0	\$ 143,632	Workers' Compensation Insurance		\$ 163,095	IDPH License Fee		\$		
Patricia Cornelius	Assist. Admin.	0	24,361	Unemployment Compensation Insurance		110,033	Advertising: Employee Recruitment		42,445		
Mark Hollander	Executive	0	41,000	FICA Taxes		778,012	Health Care Worker Background Check		7,065		
				Employee Health Insurance		335,825	(Indicate # of checks performed 705)				
				Employee Meals		88,768	Dues & Subscribtions		7,509		
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues		19,023		
				401K Expenses		16,506	Licenses		4,417		
				Misc. Employee Benefits		9,322	Alloc. From ITEX		2,791		
				Pension Plan		81,353	Alloc. From Carepath		939		
				Holiday Expense		8,404					
TOTAL (agree to Schedule V, line 17, col. 1)							Less: Public Relations Expense		()		
(List each licensed administrator separately.)							Non-allowable advertising		()		
							Yellow page advertising		()		
B. Administrative - Other							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 84,189		
Description				Amount							
Management Fees - JLR				\$ 12,500							
Management Fees - Intercare				12,500							
Management Fees - M. Hollander				5,000							
See Supplemetal Schedule				96,032							
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 126,032							
(Attach a copy of any management service agreement)											
C. Professional Services						E. Schedule of Non-Cash Compensation Paid to Owners or Employees					
Vendor/Payee	Type	Amount		Description	Line #	Amount	G. Schedule of Travel and Seminar**				
Personnel Planners	Unemployment Consultant	\$ 2,175				\$	Description	Amount			
FR & R	Accounting	31,975					Out-of-State Travel	\$			
A.K. Care	Accounting	24,000									
See Attached	Legal	73,796					In-State Travel				
Sheldon Lewin	Staff Development Conslt	35,100									
Healthcare Horizons	Admin Consult (Adj P. 5)	4,800									
Power Software	Data Processing	6,919									
Giftwrap	Data Processing	7,294					Seminar Expense	8,440			
A.K. Care	Bookkeeping	339,550					Alloc. From ITEX	1,948			
Achieve Accreditation	Joint Commission Consult.	4,669					Alloc. From Carepath	632			
Carepath Fee	Data Processing	500									
See Supplemetal Schedule		2,354					Entertainment Expense	()			
TOTAL (agree to Schedule V, line 19, column 3)							(agree to Sch. V, line 24, col. 8)				
(If total legal fees exceed \$2500 attach copy of invoices.)				\$ 533,132			TOTAL	\$ 11,020			

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$16,461, II Assoc. of HC &3,813
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,536 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? X YES _____ NO _____
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 167,759
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? N/A For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 88,768 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,750
- (16) Travel and Transportation

a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____

c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14

d. Have vehicle usage logs been maintained? Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? _____

g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.